



Your business
is our business.

REDACTED – FOR PUBLIC INSPECTION

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Greenbelt, Maryland 20770
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internet: www.jsitel.com, e-mail: jsi@jsitel.com

October 9, 2013

By Hand Delivery

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

**Re: WC Docket No. 10-90, WC Docket No. 11-42
2013 ETC Annual Report of Farmers Telephone Cooperative, Inc. (SC)
Study Area Code 240520**

Dear Ms. Dortch:

On behalf of Farmers Telephone Cooperative, Inc. (SC) "Farmers", JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.¹ Farmers seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.² The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

¹ 47 C.F.R. §§ 54.313, 54.422.

² *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------

<010> Study Area Code	240520
<015> Study Area Name	FARMERS TEL COOP
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Mayme Carsten
<035> Contact Telephone Number: Number of the person identified in data line <030>	843-382-1380
<039> Contact Email Address: Email of the person identified in data line <030>	Mayme_Carsten@mail.ftc.org

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting (complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		
<300> Unfulfilled Service Requests (voice) (attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband) (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed 0.0		
<420> Mobile		
<430> Number of Complaints per 1,000 customers (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed		
<450> Mobile		
<500> Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 240520SC510 (attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 249002SC610 (attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice) (complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband) (complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? (if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability (check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1010> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110> (complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers (complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000> (check to indicate certification)	<input type="checkbox"/>
<2005> (complete attached worksheet)	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000> (check to indicate certification)	<input checked="" type="checkbox"/>
<3005> (complete attached worksheet)	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	240520
<015>	Study Area Name	FARMERS TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	843-382-1380
<039>	Contact Email Address - Email Address of person identified in data line <030>	Mayme_Carsten@mail.ftc.org
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	240520
<015>	Study Area Name	FARMERS TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	843-382-1380
<039>	Contact Email Address - Email Address of person identified in data line <030>	Mayme_Carsten@mail.ftc.org
<810>	Reporting Carrier	Farmers Telephone Cooperative, Inc.
<811>	Holding Company	
<812>	Operating Company	Farmers Telephone Cooperative, Inc. d/b/a FTC

[illegible]

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--------------------------------------------------------------	----------------------------------------------------------------------------------

<010>	Study Area Code	240520
<015>	Study Area Name	FARMERS TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	843-382-1380
<039>	Contact Email Address - Email Address of person identified in data line <030>	Mayme_Carsten@mail.ftc.org

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	240520
<015>	Study Area Name	FARMERS TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	843-382-1380
<039>	Contact Email Address - Email Address of person identified in data line <030>	Mayme_Carsten@mail.ftc.org

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2013

<010>	Study Area Code	240520
<015>	Study Area Name	FARMERS TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	843-382-1380
<039>	Contact Email Address - Email Address of person identified in data line <030>	Mayme_Carsten@mail.ftc.org

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	240520SC1220
		Name of attached document (.pdf)

<1220>	Link to Public Website	HTTP http://www.ftc-i.net/localtelephone/phone-bundles/
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"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	240520
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<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	843-382-1380
<039>	Contact Email Address - Email Address of person identified in data line <030>	Mayme_Carsten@mail.ftc.org

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

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Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	240520
<015>	Study Area Name	FARMERS TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	843-382-1380
<039>	Contact Email Address - Email Address of person identified in data line <030>	Mayme_Carsten@mail.ftc.org

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		<input checked="" type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input checked="" type="checkbox"/>
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input checked="" type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	240520SC3017
(3018)	If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/> (Yes/No)
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	240520
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<035>	Contact Telephone Number - Number of person identified in data line <030>	843-382-1380
<039>	Contact Email Address - Email Address of person identified in data line <030>	Mayme_Carsten@mail.ftc.org

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	240520
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<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	843-382-1380
<039>	Contact Email Address - Email Address of person identified in data line <030>	Mayme_Carsten@mail.ftc.org

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>John Staurulakis, Inc</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	John Staurulakis, Inc
Name of Reporting Carrier:	FARMERS TEL COOP
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/09/2013
Printed name of Authorized Officer:	Jeffrey Lawrimore
Title or position of Authorized Officer:	CFO
Telephone number of Authorized Officer:	843-382-1381
Study Area Code of Reporting Carrier:	240520 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	FARMERS TEL COOP
Name of Authorized Agent or Employee of Agent:	John Staurulakis, Inc.
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/09/2013
Printed name of Authorized Agent or Employee of Agent:	Mark A. Ozanick
Title or position of Authorized Agent or Employee of Agent:	Staff Consultant
Telephone number of Authorized Agent or Employee of Agent:	770-569-2105
Study Area Code of Reporting Carrier:	240520 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”² The FCC found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”⁴

Farmers Telephone Cooperative, Inc. (“Farmers”) hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Farmers is subject to consumer protection obligations under both federal and South Carolina state law. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of the Public Service Commission of South Carolina which disclose rates, and terms and conditions of service to customers (Section 103-612.2.1 of the South Carolina Code of Regulations); (2) adherence to state consumer protection requirements governing telephone providers which govern Standards and Quality of Service (Sections 103-661, 103-662, and 103-663 of the South Carolina Code of Regulations); Customer Relations, including billing,

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

² *Id.* at para. 28.

³ *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

⁴ *Id.* at n. 72.

deposits, discontinuance and termination of service (Sections 103-620 through 103-633 of the South Carolina Code of Regulations); Engineering and Safety Standards (Sections 103-640 through 103-646 and 103-670 through 103-672 of the South Carolina Code of Regulations); Inspections and Tests (Sections 103-650 through 103-653 of the South Carolina Code of Regulations); Records and Reports (Sections 103-610 through 103-619 of the South Carolina Code of Regulations) and Customer Complaints (Section 103-628 of the South Carolina Code of Regulations); (3) truth-in-billing requirements (Section 103-622.1 of the South Carolina Code of Regulations); and (4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

Farmers Telephone Cooperative, Inc. (“Farmers”) hereby certifies that it is able to function in emergency situations as set forth in 47 C.F.R. § 54.202(a)(2)¹ and Section 103-646 of the South Carolina Code of Regulations. Farmers’ network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2) and Section 103-646 of the South Carolina Code of Regulations. Farmers can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow Farmers to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. Farmers has battery backup at all office locations and in its electronic equipment sites. Length of run time is determined by the equipment serving the area and the number of customers working out of the equipment. Generators are installed at all Central Office locations. They will continue to run as long as Farmers has access to propane.

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to “demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	240520
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<810>	Reporting Carrier	Farmers Telephone Cooperative, Inc.
<811>	Holding Company	
<812>	Operating Company	Farmers Telephone Cooperative, Inc. d/b/a FTC

[illegible]

REDACTED - FOR PUBLIC INSPECTION
FARMERS TELEPHONE COOPERATIVE INC (FTC)
LIFELINE INITIAL ENROLLMENT FORM

Line 1220

Lifeline is a federal benefit that makes monthly telephone service more affordable for eligible households. Your household may receive Lifeline on **one wireless OR one home telephone, but not both**. Your household may not receive the Lifeline benefit from more than one telephone company. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income or expenses. You may not transfer your Lifeline discount to another person, even if he or she is eligible. You may lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive Lifeline.

Please complete the form below. You must give proof of eligibility with your application. Send the completed the form and proof of eligibility to: Farmers Telephone Cooperative Inc. (FTC), 1101 E Main Street, Kingstree, SC 29556.

Applicant Name _____		Phone Number _____																	
Email Address _____	Last 4 Digits of SSN _____	Date of Birth _____																	
Home Address																			
Street _____	Apt. _____	City _____	State _____ Zip Code _____																
Is your home address permanent? <input type="checkbox"/> YES <input type="checkbox"/> NO																			
Billing Address (If applicable)																			
Street _____	Apt. _____	City _____	State _____ Zip Code _____																
Person Eligible for Lifeline if Different than Applicant _____		Relationship to Applicant _____																	
<i>Initial here</i>	I give Farmers Telephone Inc. (FTC) permission to give my name, telephone number, and address to the Universal Service Administrative Company (USAC) or its agent to confirm that my household only receives one Lifeline benefit. If USAC finds that my household receives more than one Lifeline benefit, USAC will notify the telephone companies, and I will have to select one service and I will be de-enrolled from the other.																		
Check the appropriate statement																			
<input type="checkbox"/> I certify that I, my dependent, or someone else in my household receives assistance from at least one of the programs listed below and that I have provided proof of eligibility with my application. <i>(Please check all that apply)</i>																			
<input type="checkbox"/> Federal Public Housing Assistance/Section 8 <input type="checkbox"/> Low Income Home Energy Assistance (LIHEAP) <input type="checkbox"/> Medicaid <input type="checkbox"/> National School Lunch free lunch program <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Supplemental Nutrition Assistance Program (Food Stamps) <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)																			
OR																			
<input type="checkbox"/> I certify that my household income is at or below 135% of the Federal Poverty Guidelines		<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th>Household Size</th> <th>Total Income</th> <th>Household Size</th> <th>Total Income</th> </tr> <tr> <td>1</td> <td>\$15,512</td> <td>3</td> <td>\$26,366</td> </tr> <tr> <td>2</td> <td>\$20,939</td> <td>4</td> <td>\$31,793</td> </tr> <tr> <td colspan="4">Add \$5,427 for each additional person</td> </tr> </table>		Household Size	Total Income	Household Size	Total Income	1	\$15,512	3	\$26,366	2	\$20,939	4	\$31,793	Add \$5,427 for each additional person			
Household Size	Total Income	Household Size	Total Income																
1	\$15,512	3	\$26,366																
2	\$20,939	4	\$31,793																
Add \$5,427 for each additional person																			
Number of people in your household <input style="width: 50px;" type="text"/>																			
<i>Initial each box</i>	I certify, under penalty of perjury, that:																		
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	My household receives only one Lifeline-supported service, and to the best of my knowledge, no one in my household receives Lifeline from another telephone company.																		
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	I understand that I must notify Farmers Telephone Inc. (FTC) within 30 days: (1)if I move to a new address; (2) if I, or the eligible person in my household, stops participating in the qualifying program checked above, or if my household income exceeds 135% of the federal poverty guidelines; (3) if my household receives more than one Lifeline discounted telephone; or 4) if my household, for any reason, no longer meets the criteria to receive Lifeline support. I understand that I may be penalized for failing to make the above notifications.																		
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	I understand that I must recertify my Lifeline eligibility every year and that I will lose my Lifeline benefit if I do not recertify each year.																		
By signing below, I certify under penalty of perjury, that the above information is true to the best of my knowledge. I understand that Lifeline is a government program and I may be punished if I knowingly provide false or untrue information to receive Lifeline. Punishment may include being fined, imprisoned, or barred from the Lifeline program.																			
Signature _____		Date _____																	

For Office Use Only: Type of documentation reviewed ☐ Income _____ ☐ Program _____

Date Reviewed _____ Reviewed by: _____ Lifeline Household Worksheet? ☐ Yes ☐ No



**Farmers Telephone Cooperative Inc (FTC)
Lifeline Household Worksheet**

Name	
Address	
Telephone Number	

Lifeline is a government program that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies.

Your **household** is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The **adults** you live with are part of your **economic unit** if they contribute to and share in the income and expenses of the household. An **adult** is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household **expenses** include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). **Income** includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

You have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.

1. Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check no if you do not have a spouse or partner) ____ **YES** ____ **NO**
 - If you checked **YES**, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.
 - If you checked **NO**, please answer question #2.
2. Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?

A. A parent	____ YES	____ NO	D. An adult roommate	____ YES	____ NO
B. An adult son or daughter	____ YES	____ NO	E. Other	____ YES	____ NO
C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.)	____ YES	____ NO			

 - If you checked **NO** for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
 - If you checked **YES**, please answer question #3.
3. Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2? ____ **YES** ____ **NO**
 - If you checked **NO**, then your address includes **more than one household**. Please initial lines A and B below, and sign and date the worksheet.
 - If you checked **YES**, then your address includes only **one household**. You may not sign up for Lifeline because someone in your household already receives Lifeline.

CERTIFICATION

Please initial the certifications below and sign and date this worksheet. Submit this worksheet to Farmers Telephone Cooperative Inc (FTC) along with your Lifeline application.

- A. ____ I certify that I live at an address occupied by multiple households.
- B. ____ I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

Signature _____ Date _____

FARMERS TELEPHONE
COOPERATIVE, INC.

GENERAL SUBSCRIBER SERVICE TARIFF

ISSUED: April 30, 2013

Second Revised Page 1

BY: Sandra Moore

External Affairs/Regulatory Analyst

EFFECTIVE: June 1, 2013

A3.BASIC LOCAL EXCHANGE SERVICE

A3.1 General

The rates for basic local exchange service quoted herein are those authorized individually by the South Carolina Public Service Commission.

Base Rate Areas and Exchange Service Areas for each exchange are identified on maps filed as a supplement to this Tariff.

The rates for service and equipment not specifically shown in this section are presented in other sections of this Tariff.

A3.2 Monthly Exchange Rates

A. Monthly exchange rates as authorized by the South Carolina Public Service Commission are shown below.

A3.2.1 Flat Rate Service

A. The rates specified herein, with base rate are charges when applicable to service furnished outside the base rate area of exchange, entitle subscribers to an unlimited number of messages to all stations within the serving exchange and additional exchanges as shown in Section A3.3 of this Tariff.

<u>EXCHANGE</u>	<u>RESIDENCE</u>	<u>BUSINESS</u>	<u>PTAS</u>	
BISHOPVILLE RURAL	\$15.62	\$28.70	\$28.70	(C)
EAST SUMTER	\$15.62	\$28.70	\$28.70	(C)
GREELEVILLE	\$15.62	\$28.70	\$28.70	(C)
LANE	\$15.62	\$28.70	\$28.70	(C)
LYNCHBURG	\$15.62	\$28.70	\$28.70	(C)
MAYESVILLE	\$15.62	\$28.70	\$28.70	(C)
NORTH KINGSTREE	\$15.62	\$28.70	\$28.70	(C)
NORTH MANNING	\$15.62	\$28.70	\$28.70	(C)
NORTH SUMMERTON	\$15.62	\$28.70	\$28.70	(C)
NORTH SUMTER	\$15.62	\$28.70	\$28.70	(C)
OAKLAND	\$15.62	\$28.70	\$28.70	(C)
PINEWOCK	\$15.62	\$28.70	\$28.70	(C)
POCALLA	\$15.62	\$28.70	\$28.70	(C)
SCRANTON	\$15.62	\$28.70	\$28.70	(C)
STATEBURG	\$15.62	\$28.70	\$28.70	(C)
TURBEVILLE	\$15.62	\$28.70	\$28.70	(C)
WEST ANDREWS	\$15.62	\$28.70	\$28.70	(C)

FARMERS TELEPHONE
COOPERATIVE, INC.
ISSUED: December 8, 1989
BY: Willie McCutchen

GENERAL SUBSCRIBER SERVICE TARIFF

First Revised Page 2
Cancels Original Page 2
EFFECTIVE: December 8, 1989

A3.BASIC LOCAL EXCHANGE SERVICE

A3.3 Local Calling Areas

The rates specified in Section A3.2.1(a) entitle subscribers to access all stations of the additional exchanges as shown below. The local calling area of the exchange in the left hand column also includes the exchanges listed in the right hand column.

<u>EXCHANGE</u>	<u>ADDITIONAL EXCHANGES</u>
BISHOPVILLE RURAL	Lynchburg-Bishopville Exchanges of General Telephone Company
GREELEYVILLE	Lane-North Kingstree-Kingstree Exchanges of General Telephone Company
LANE	Greeleyville-North Kingstree, Kingstree Exchanges of General Telephone Company
LYNCHBURG	Bishopville Rural-Mayesville, Bishopville Exchanges of General Telephone Company
MAYESVILLE	North Sumter, East Sumter, Oakland, Pineweed, Pocalla, Stateburg, Lynchburg, and General Telephone Company Exchanges of Shaw AFB, Shaw AFB Heights, and Sumter
NORTH KINGSTREE	Greeleyville, Lane, and Kingstree Exchanges of General Telephone Company
NORTH MANNING	North Summerton, Turbeville and Manning and Summerton Exchanges of General Telephone Company
NORTH SUMMERTON	North Manning, Manning and Summerton Exchanges of General Telephone Company
NORTH SUMTER	Mayesville, Oakland, Pinewood, Pocalla, Stateburg, East Sumter and the General Telephone Company Exchanges of Shaw AFB, Shaw AFB Heights, and Sumter
EAST SUMTER	Mayesville, Oakland, Pinewood, Pocalla, Stateburg, the General Telephone Company Exchanges of Shaw AFB, Shaw AFB Heights, Sumter, and North Sumter

REDACTED – FOR PUBLIC INSPECTION

FARMERS TELEPHONE COOPERATIVE, INC. (240520)

ATTACHMENT - LINE 3017

ATTACHMENT REDACTED IN ENTIRETY